FORM 6 (ND/SD MISS. DEC. 2016)

		UNITED STATES DISTRICT C	RICT COURT OF MISSISSIPPI	
		Plaintiff		
v.			CIVIL ACTION NO.	
		Defendant		
	APPLIC	CATION FOR ADMISS	ION PRO HAC VICI	Ξ
(A)	Name:			
	Firm Name:			
	Office Address:			
	City:		State	Zip
	Telephone:		Fax:	
	E-Mail:			
(B)	Client(s):	Michael Anthony Nash Harris, Jimmy Shaw, G		ston Taurvonta
	Address:			
	City:		State	Zip
	Telephone:		Fax:	
	The following inform	ation is optional:		

	Have you had a prior or continuing representation in other matters of one or more of the clients you propose to represent, and is there a relationship between those other matter(s) and the proceeding for which you seek admission?
	Do you have any special experience, expertise, or other factor that you believe makes it particularly desirable that you be permitted to represent the client(s) you propose to represent in this case?
C)	I am admitted to practice in the:
	State of
	District of Columbia
	and I am currently in good standing with that Court. A certificate to that effect, issued by the appropriate licensing authority within ninety days of the date of this Application, is enclosed; the physical address, telephone number and website/email address for that admitting Court are:
	All other courts before which I have been admitted to practice:

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Jurisdiction	Period of Admission

		Yes	No
(D)	Have you been denied admission pro hac vice in this state?	0	0
	Have you had admission pro hac vice revoked in this state?	0	0
	Has Applicant been formally disciplined or sanctioned by any court in this state in the last five years?	0	0

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations, the name of the person or authority bringing such proceedings; the dates the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings:

		Yes	No
(E)	Has any formal, written disciplinary proceeding ever been		
	brought against you by a disciplinary authority in any other	0	0
	jurisdiction within the last five years?	Ü	O

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations; the name of the person or authority bringing such proceedings; the date the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings.

		Yes	No
(F)	Have you been formally held in contempt or otherwise sanctioned by any court in a written order in the last five years for disobeying its rules or orders?	0	0

If the answer was "yes," describe, as to each such order, the nature of the allegations, the name of the court before which such proceedings were conducted; the date of the contempt order or sanction, the caption of the proceedings, and the substances of the court's rulings (a copy of the written order or transcript of the oral rulings must be attached to the application).

(G) Please identify each proceeding in which you have filed an application to proceed pro hac vice in this state within the preceding two years, as follows:

Name and Address of Court Date of Outcome of Application Application

FORM 6	ND/SD	Miss	DEC	2016
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Email address:

(H)	Please identify each case in which you have appeared as counsel pro hac vice in
	this state within the immediately preceding twelve months, are presently appearing
	as counsel pro hac vice, or have pending applications for admission to appear pro
	hac vice, as follows:

	hac vice, as follow	s:				
Name a	and Address of Court	Style of	Case			
					Yes	No
(I)	UNIFORM CIVIL RU	become familiar with the become become familiar with the become familia	STATES DIST	RICT		
	COURTS FOR THE N MISSISSIPPI?	ORTHERN AND SOUT	THERN DISTR	ICTS OF	0	0
	Have you read and	become familiar w	ith the Missis	SSIPPI RULES		
	of Professional (CONDUCT?			0	0
	Please provide the for associated for this ca		on about the	resident attorn	ey who has	been
Name a	nd Bar Number					
Firm Na	ame:					
Office A	Address:					
	C	City:		State:	Zip:	
	Т	elephone:		Fax:		

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(K)		-	certifies that he/she agrees to the association with appearance as attorney of record with Applicant.
			/s/ Robert McDuff
			Resident Attorney
	I certify that t	he information prov	ided in this Application is true and correct.
	05/16/2025		Feresuffer
	Date		Applicant's Handwritten Signature
Unless exempted by Local Rule 83.1(d)(5), the application fee established by this Court must be enclosed with this Application.			
		CERTII	FICATE OF SERVICE
	The undersign	ned Resident Attorn	ey certifies that a copy of this Application for Admission
Pro H	lac Vice has bee	en mailed or otherwi	se served on this date on all parties who have appeared in
this c	ase.		
	This the	day of	, 20
			/s/ Robert McDuff

Resident Attorney